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CONFIRMATION NO. 8550

<b>SERIAL NUMBER</b> 10/820,335	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 01948/095002
<b>APPLICANTS</b> Simon C. Robson, Weston, MA; Yousif I. A-Rahim, Honolulu, HI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/461,160 04/08/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 21559				
<b>TITLE</b> Methods and compositions for treating and preventing autoimmune disorders				
<b>FILING FEE RECEIVED</b> 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	